

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
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OMB No.: 0938-

State/Territory: New York

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Deleted as
per SPA
NY 94-49.
(see next page)*

*Description provided on attachment.

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* 24e. For emergency outpatient services threshold limits for clinic services apply.

24b. This service is not provided to the EPSDT population as they are not considered part of the healing arts and therefore not recognized by State law.

State: New York

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

provided	X	not provided
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26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided: State Approved (Not Physician) Service Plan Allowed

X Allowed
Services Outside the Home Also Allowed

X Limitations Described on Attachment

Not Provided.

Covered Services For Pregnant Women

	PRESUMPTIVE ELIGIBILITY		ONGOING MEDICAID ELIGIBILITY		
	≤ 100 %	≤ 185 %	MA	≤ 100 %	≤ 185 %
DESCRIPTION	PRESUMPTIVELY ELIGIBLE - PRENATAL A	PRESUMPTIVELY ELIGIBLE - PRENATAL B	FULLY ELIGIBLE	FULLY ELIGIBLE	PRENATAL CARE
WMS COVERAGE CODE	13	14	01	01	15
INCLUDED SERVICES	PHYSICIAN CARE MIDWIFE CARE OUTPATIENT CLINIC PHARMACY DENTAL LABORATORY EYE CARE TRANSPORTATION HOME HEALTH CARE PERSONAL CARE NURSING SERVICES PODIATRY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY DURABLE MED. EQUIP. ABORTION CLINICAL PSYCHOLOGY OUTPATIENT/MENTAL HEALTH OUTPATIENT/ALCOHOLISM HEALTH EDUCATION NUTRITIONAL COUNSELING FAMILY PLANNING	PHYSICIAN CARE MIDWIFE CARE OUTPATIENT CLINIC PHARMACY DENTAL LABORATORY TRANSPORTATION HOME HEALTH CARE PERSONAL CARE NURSING SERVICES CLINICAL PSYCHOLOGY OUTPATIENT/MENTAL HEALTH OUTPATIENT/ALCOHOLISM HEALTH EDUCATION NUTRITIONAL COUNSELING FAMILY PLANNING	PHYSICIAN CARE MIDWIFE CARE OUTPATIENT CLINIC PHARMACY DENTAL LABORATORY EYE CARE TRANSPORTATION HOME HEALTH CARE PERSONAL CARE NURSING SERVICES PODIATRY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY DURABLE MED. EQUIP. ABORTION CLINICAL PSYCHOLOGY OUTPATIENT/MENTAL HEALTH OUTPATIENT/ALCOHOLISM HEALTH EDUCATION NUTRITIONAL COUNSELING FAMILY PLANNING HOSPICE INPATIENT CARE ALTERNATE LEVEL CARE INSTITUTIONAL LTC	PHYSICIAN CARE MIDWIFE CARE OUTPATIENT CLINIC PHARMACY DENTAL LABORATORY EYE CARE TRANSPORTATION HOME HEALTH CARE PERSONAL CARE NURSING SERVICES PODIATRY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY DURABLE MED. EQUIP. ABORTION CLINICAL PSYCHOLOGY OUTPATIENT/MENTAL HEALTH OUTPATIENT/ALCOHOLISM HEALTH EDUCATION NUTRITIONAL COUNSELING FAMILY PLANNING HOSPICE INPATIENT CARE ALTERNATE LEVEL CARE INSTITUTIONAL LTC	PHYSICIAN CARE MIDWIFE CARE OUTPATIENT CLINIC PHARMACY DENTAL LABORATORY TRANSPORTATION HOME HEALTH CARE PERSONAL CARE NURSING SERVICES CLINICAL PSYCHOLOGY OUTPATIENT/MENTAL HEALTH OUTPATIENT/ALCOHOLISM HEALTH EDUCATION NUTRITIONAL COUNSELING FAMILY PLANNING INPATIENT CARE
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